

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 13  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Delta Dental Plans Association PAC**

Full Name (Last, First, Middle Initial)

**A. Julia Grant**

Mailing Address 1703 22nd Ct. North

City	State	Zip Code
Arlington	VA	22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delta Dental Plans Association

Occupation

V. P. Gov Relations &amp; Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : SA11AI.5958

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Suzanne Heckenlaible**

Mailing Address 3009 NW 13th Street

City	State	Zip Code
Ankeny	IA	50021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delta Dental of Iowa

Occupation

VP Public Affairs &amp; Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SA11AI.5943

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Patrick Henry**

Mailing Address 9707 Turnbuckle Dr.

City	State	Zip Code
Burke	VA	22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delta Dental of California

Occupation

S.V.P. Federal Government Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.5931

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3300.00